

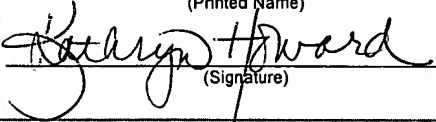


16569 U.S. PTO

Atty. Dkt. No. 037145-1501 (NC 44052)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinonen et al.
Title: Physiological Event Handling
System and Method
Appl. No.: Unknown
Filing Date: Herewith
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 423497505 US (Express Mail Label Number)	April 15, 2004 (Date of Deposit)
Kathryn Howard (Printed Name)	
 (Signature)	

17510 U.S. PTO
10/825575



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Tomi Heinonen

and

Pasi Kauppinen

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (17 pages).

☒ Formal drawings (2 sheets, Figures 1, 2).

- ☐ Declaration and Power of Attorney (___ pages).
- ☐ Assignment of the invention to Nokia Corporation.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	39	- 20	= 19	x \$18.00 =	\$342.00
Claims:					
Independents	5	- 3	= 2	x \$86.00 =	\$172.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration			+	\$130.00 =	\$130.00
				SUBTOTAL: =	\$1414.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$1,414.00

- ☒ A check in the amount of \$1,414.00 to cover the filing fee is enclosed.

- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

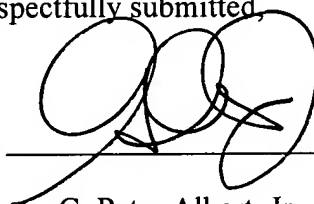
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date APRIL 15, 2004

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Respectfully submitted,

By



G. Peter Albert, Jr.
Attorney for Applicant
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